



Child Protection and Safeguarding Policy (to be read in conjunction with Intimate Care and Positive Handling policies)

We recognise our moral and statutory responsibility to safeguard and promote the welfare of all young people. We endeavour to provide a safe and welcoming environment where young people are respected and valued. We are alert to the signs of abuse and neglect and follow our procedures to ensure that our service users receive effective support and protection.

The procedures contained in this policy apply to all staff, volunteers, committee members and trustees and are consistent with statutory guidance.

Policy principles:

- Safeguarding is everyone's responsibility
- The Time Out Group's responsibility to safeguard and promote the welfare of children and young people is of paramount importance.
- All young people, regardless of age, gender, ability, culture, race, language, religion or sexual identity, have equal rights to protection.
- This group is committed to safeguarding and promoting the welfare of young people and expects all staff, volunteers, committee members and trustees to share this commitment.
- All staff have an equal responsibility to act on any suspicion or disclosure that may suggest a young person is at risk of harm at home, in the community or in school.
- All staff members will maintain an attitude of 'It could happen here' where safeguarding is concerned. When concerned about the welfare of a young person, staff members should always act in the interests of the child.
- If, at any point, there is a risk of immediate serious harm to a young person a referral will be made to Children's Social Care and/or the Police immediately. **Anybody can make a referral.**
- If a member of staff remains concerned about a young person, they can contact the Multi-Agency Safeguarding Hub for Warwickshire (MASH) on **01926 414144** for additional advice as necessary.

Policy aims:

- To provide all staff with the necessary information to enable them to meet their safeguarding and child protection responsibilities.
- To ensure consistent good practice.
- To demonstrate the Group's commitment with regard to safeguarding and child protection to service users, parents and other partners.



Terminology

Safeguarding and promoting the welfare of children refers to the process of protecting children from maltreatment; preventing the impairment of children's mental and physical health or development; ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and taking action to enable all children to have the best outcomes.

Child protection refers to the processes undertaken to protect children who have been identified as suffering or at risk of suffering significant harm.

Staff refers to all those working for or on behalf of the group, full-time or part-time, temporary or permanent, in either a paid or voluntary capacity.

Child / young person refers to all service users of the group.

Parent refers to birth parents and other adults who are in a parenting role, for example step-parents, foster carers and adoptive parents.



Roles and responsibilities

Key personnel

The designated safeguarding lead (DSL) is Jo Bradley (Committee Chair)

Good practice guidelines and staff code of conduct

To meet and maintain our responsibilities towards service users, we identify standards of good practice and set out our expectations of staff. In summary, our expectations of staff include:

- treating all young people with respect
- setting a good example by conducting ourselves appropriately
- involving young people in decisions that affect them where appropriate.
- encouraging positive, respectful and safe behaviour among service users
- being a good listener
- being alert to changes in young persons' behaviour and to signs of abuse and neglect and exploitation
- recognising that challenging behaviour and mental health difficulties may be an indicator of abuse
- asking the young person's permission before initiating physical contact, such as assisting with dressing or administering first aid
- maintaining appropriate standards of conversation and interaction with and between young people and avoiding the use of sexualised or derogatory language
- not participating in, tolerating or dismissing sexual violence or sexual harassment as "banter", "part of growing up", "just having a laugh" or "boys being boys"
- making clear that sexual violence and sexual harassment is not acceptable, will never be tolerated and is not an inevitable part of growing up
- challenging behaviours (potentially criminal in nature) which constitute sexual harassment, such as grabbing bottoms, breasts and genitalia, flicking bras and lifting up skirts
- being aware that the personal and family circumstances and lifestyles of some young people lead to an increased risk of abuse
- applying the use of reasonable force and physical intervention only as a last resort and in compliance with Team Teach procedures
- referring all concerns about a young person's safety and welfare to the DSL or, if necessary and after consultation with the DSL, directly to the Police or Children's Social Care



- referring all bona fide allegations against members of staff, directly to the Committee Chair.

Children and Young People with special educational needs and disabilities or who have mental health needs

Children with special educational needs (SEN), disabilities or who have mental health needs can face additional safeguarding challenges. Additional barriers can exist when recognising abuse and neglect in this group of children and young people, which can include:

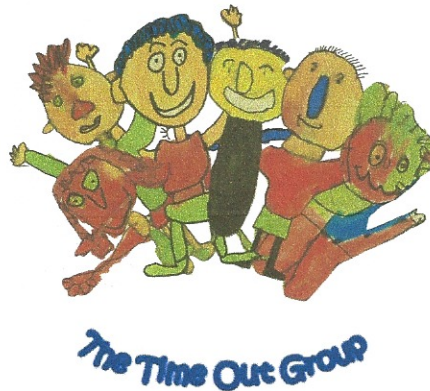
- assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability or mental health issues without further exploration;
- the potential for children and young people with SEN and disabilities being disproportionately impacted by behaviours such as bullying, without outwardly showing any signs; and
- communication barriers and difficulties in overcoming those barriers.

Staff are trained to manage these additional barriers to ensure this group of young people are appropriately safeguarded; and are aware that mental health difficulties can, in some cases, be an indicator that a child / young person has suffered or is at risk of suffering abuse, neglect or exploitation.

Staff are not expected or trained to diagnose mental health conditions or issues but they will record and report any concerns about a young person's mental health to the Designated Safeguarding Lead as with any other safeguarding concern, recognising that mental health concerns may be an outcome and/or indicator of wider safeguarding issues and concerns.

Staff reporting concerns about a colleague or other adult who works with children (Whistleblowing)

Staff who are concerned about the conduct of a colleague - including visitors and volunteers - towards a young person are undoubtedly placed in a very difficult situation. They may worry that they have misunderstood a situation, and they will wonder whether a report could jeopardise a colleague's career. All staff must remember that the welfare of the young person is paramount.



Staff are expected to report all concerns about poor practice or possible child abuse by colleagues to the DSL or (if the DSL is not available) to the Group Leader; to facilitate proactive and early intervention in order to maintain appropriate boundaries and a safe culture that protect children and young people and reduce the risk of serious abuse.

The NSPCC whistleblowing helpline is also available for staff who do not feel able to raise concerns regarding child protection failures internally. Staff can call 0800 028 0285 between 8.00a.m. and 8.00p.m., Monday to Friday or email help@nspcc.org.uk. Information is also available on the NSPCC website at <https://www.nspcc.org.uk/what-you-can-do/report-abuse/dedicated-helplines/whistleblowing-advice-line/>.

Staff training

It is important that all staff have training to enable them to recognise the possible signs of abuse, neglect, exploitation and radicalisation and to know what to do if they have a concern.

New staff and volunteers will receive an explanation during their induction which will include:

- the group's child protection and safeguarding policy
- signs and symptoms of abuse and neglect
- responding to disclosure of abuse or neglect by a child
- reporting and recording arrangements
- the identity and role of the DSL
- the Group's associated policies e.g. positive handling, intimate care.

NB all of the above will be explained **before** a new member of staff or volunteer has direct contact with young people. The Time out Group child protection policy will be sent to staff in advance of starting work at the group.

All staff and volunteers will receive appropriate and regularly updated safeguarding and child protection training. This will be a combination of face to face and online training.

The DSL will attend refresher training every two years. That training will include up to date information about local safeguarding partnership inter-agency procedures. In addition, the DSL will update their knowledge and skills at least annually to keep up with any developments relevant to their role and will be supported to access inter-agency training as part of their continuing professional development.

All staff will be made aware of the increased risk of abuse to certain groups,



including children with special educational needs and disabilities, looked after children, previously looked after children, young carers and risks associated with specific safeguarding issues including child sexual exploitation, child criminal exploitation, county lines activity, peer on peer abuse, sexual harassment and sexual violence in school, extremism, so-called honour based abuse including female genital mutilation and forced marriage; and will receive training in relation to keeping children safe online.

Safer recruitment

Our Group endeavours to ensure that we do our utmost to employ only 'suitable' staff and allow only 'suitable' volunteers to work with children by following safer recruitment guidelines.

Safer recruitment means that all applicants will:

- complete an application form which includes their employment history and explains any gaps in that history;
- provide two referees, including at least one who can comment on the applicant's suitability to work with children;
- provide evidence of identity;
- if offered employment, be checked in accordance with the Disclosure and Barring Service (DBS) regulations as appropriate to their role. This will include:
 - an enhanced DBS check and a barred list check for those including unsupervised volunteers engaged in Regulated Activity;
- if offered employment, provide evidence of their right to work in the UK;
- be interviewed with at least 2 committee members / group leader involved in the recruitment process.

The Group will also

- ensure that every job description and person specification for roles in the Group includes a description of the role holder's responsibility for safeguarding;
- ask at least one value-based question at interview about the candidate's attitude to safeguarding and motivation for working with children;
- verify the candidate's mental and physical fitness to carry out their work responsibilities;
- obtain references for all shortlisted candidates, including internal candidates;
- carry out additional or alternative checks for applicants who have lived or worked outside the UK;



Behaviour Management

Guidance on the use of positive handling can be found in the Group's Positive Handling policy. This highlights that there are circumstances when it is appropriate for staff in the group to use reasonable force to safeguard children and young people. This can range from guiding a young person to safety by the arm, to more extreme circumstances such as breaking up a fight or where a young person needs to be restrained to prevent violence or injury. 'Reasonable' in these circumstances means 'using no more force than is needed'. The use of force may involve either passive physical contact, such as standing between the young people or blocking a young person's path, or active physical contact such as leading a young person by the arm away from the location or activity concerned.

The Group operates in accordance with Team Teach Guidance, which highlights that staff should deploy every possible strategy to prevent the need for physical intervention. Those strategies would include de-escalation whenever there is a threat of violence or aggression towards an individual or property; communicating calmly with young people; using non-threatening verbal and body language; helping young people to recognise their own 'triggers' and 'early warning signs', and distracting or helping young people to see a positive way out of a difficult situation.

However, the Group supports staff to intervene physically and to use reasonable force when all of those strategies are unsuccessful in calming a situation; and a risk of physical harm to other children / young people, adults or the child / young person her/himself, serious damage to property or serious disruption to the Group remains. Staff should always be able to demonstrate that any such intervention is reasonable, proportionate and necessary in the circumstances, is used for the shortest possible period of time, deploys the minimum force that is necessary and is never used as a sanction. All staff expected to intervene physically in these circumstances will be trained in Team Teach, or similar positive handling techniques, with regular refreshers.

Record Keeping

The DSL will:

- keep clear detailed written records of concerns about children / young people (noting the date, event and action taken on a green form 'Logging A Concern About A Child's Safety and Welfare'), even where there is no need to refer the matter to Children's Social Care immediately;



Such records will include, in addition to the name, address and age of the young person, timed and dated observations describing the young person's behaviour, appearance, statements/remarks made to staff or other young people and observations of interactions between the young person, other young people, members of staff and/or parents/carers that give rise to concern. Where possible and without interpretation, the exact words spoken by the young person or parent/carer will be recorded. Records will be signed, dated and timed by the member of staff making the record.

Confidentiality and Information Sharing

All staff will understand that child protection issues warrant a high level of confidentiality, not only out of respect for the young person, family and staff involved but also to ensure that information being released into the public domain does not compromise evidence.

The Data Protection Act 2018 (DPA) and the General Data protection Regulations (GDPR) place duties on the Group and individual staff to process personal information fairly and lawfully and to keep the information they hold safe and secure.

However, neither the DPA nor the GDPR prevent or limit the sharing of information for the purposes of keeping children safe.

The DSL should always be available to discuss safeguarding concerns but in exceptional circumstances where the DSL is not available, that should not delay appropriate action being taken and staff should speak to the Group Leader or Committee Chair or (failing them) take advice from Children's Social Care if they are concerned about a child.

Information sharing will take place in a timely and secure manner and where:

- it is necessary and proportionate to do so; and
- the information to be shared is relevant, adequate and accurate.

All staff must be aware that they cannot promise a young person/parent to keep secrets.

All safeguarding and child protection information will be handled in line with the principles of the Data Protection Act 2018, which require that sensitive



information is:

- processed for limited purposes
- adequate, relevant and not excessive
- accurate
- kept no longer than necessary
- processed in accordance with the data subject's rights
- secure.

Every effort will be made to prevent unauthorised access to sensitive information.

Photography and images

The vast majority of people who take or view photographs or videos of children and young people do so for entirely innocent, understandable and acceptable reasons. Sadly, some people abuse children and young people through taking or using images, so we must ensure that we have some safeguards in place.

To protect young people we will:

- seek consent for photographs or video images to be taken;
- ensure young people are appropriately dressed; and
- encourage young people to tell us if they are worried about any photographs/images that are taken of them.

Furthermore, when using images for publicity purposes (e.g. on our website or in newspapers or publications), we will:

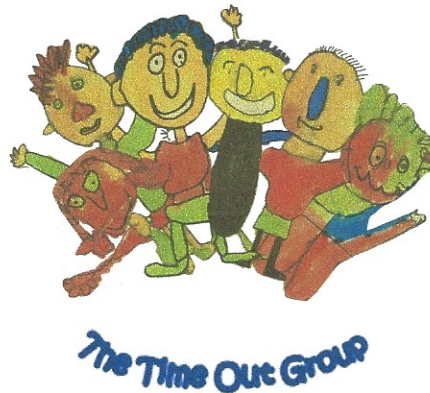
- avoid naming young people when possible;
- gain parental consent for images to be used, being clear on its purpose.
- if young people are named, avoid using their image;
- establish whether the image will be retained for further use, where and for how long;
- ensure that images are stored securely and used only by those authorised to do so.

Child protection procedures

Recognising abuse

To ensure that our young people are protected from harm, we need to understand what types of behaviour constitute abuse and neglect.

Abuse and neglect are forms of maltreatment of children. Somebody may abuse or neglect a child by inflicting harm, for example by hitting them, or by failing to act to



prevent harm, for example by leaving a small child home alone.

Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by adult men or women or by other children or young people. Staff are trained to understand and recognise indicators of all four categories of abuse as defined below.

There are four categories of abuse: physical abuse, emotional abuse, sexual abuse and neglect

Physical abuse

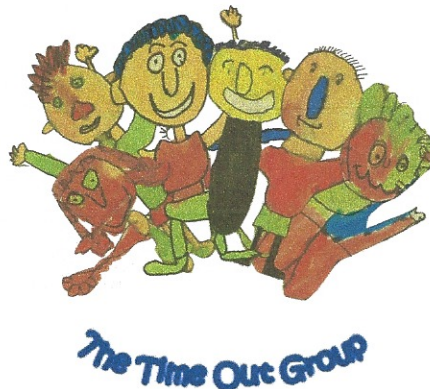
A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child (this used to be called Munchausen's Syndrome by Proxy, but is now more usually referred to as fabricated or induced illness).

Emotional abuse

The persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

Sexual abuse

Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts such as



masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Neglect

The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy, for example, as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- protect a child from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate care-givers); or
- ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Definitions taken from Keeping Children Safe in Education (DfE 2024).

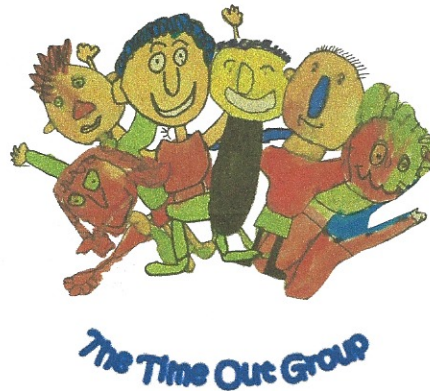
Indicators of abuse

Physical signs define some types of abuse, for example bruising, bleeding or broken bones resulting from physical or sexual abuse, or injuries sustained while a child has been inadequately supervised. The identification of physical signs is complicated, as children may go to great lengths to hide injuries, often because they are ashamed or embarrassed, or their abuser has threatened further violence or trauma if they 'tell'. It is also quite difficult for anyone without medical training to categorise injuries into accidental or deliberate with any degree of certainty. For those reasons it is vital that staff are also aware of the range of behavioural indicators of abuse and report any concerns to the Designated Safeguarding Lead.

It is the responsibility of staff to report their concerns. It is not their responsibility to investigate or decide whether a child has been abused.

A child who is being abused or neglected may:

- have bruises, bleeding, burns, fractures or other injuries;
- show signs of pain or discomfort;
- keep arms and legs covered, even in warm weather;
- be concerned about changing for swimming;
- look unkempt and uncared for;
- change their eating habits;
- have difficulty in making or sustaining friendships;



- appear fearful;
- be reckless with regard to their own or other's safety;
- self-harm;
- show signs of not wanting to go home;
- display a change in behaviour – from quiet to aggressive, or happy-go-lucky to withdrawn;
- challenge authority;
- be constantly tired or preoccupied;
- be wary of physical contact;
- be involved in, or particularly knowledgeable about drugs or alcohol;
- display sexual knowledge or behaviour beyond that normally expected for their age and/or stage of development; and/or
- acquire gifts such as money or a mobile phone from new 'friends' or adults recently acquainted with the child's family.

Individual indicators will rarely, in isolation, provide conclusive evidence of abuse. They should be viewed as part of a jigsaw and each small piece of information will help the DSL to decide how to proceed.

It is very important that staff report all of their concerns, however minor or insignificant they may think they are – they do not need 'absolute proof' that the child is at risk.

Impact of abuse

The impact of child abuse, neglect and exploitation should not be underestimated. Many children do recover well and go on to lead healthy, happy and productive lives, although most adult survivors agree that the emotional scars remain, however well buried. For some children, full recovery is beyond their reach and the rest of their childhood and their adulthood may be characterised by one or more of the following: anxiety, depression or other mental health difficulties, self-harm, eating disorders, alcohol and substance misuse, unequal and destructive relationships, unfulfilled potential and long-term physical health difficulties.

Taking action

Any child in any family could become a victim of abuse. Staff should always maintain an attitude of "It could happen here".

Key points for staff to remember when taking action are:

- in an emergency take the action necessary to help the child, for example, call 999;
- report your concern to the DSL as quickly as possible – immediately when there is evidence of physical or sexual abuse;
- do not start your own investigation; share information on a need-to-know basis



- only – do not discuss the issue with colleagues, friends or family;
- complete a record of concern, using a Form C (Green form); and
- seek support for yourself if you are distressed or need to debrief.

If a member of staff or volunteer is concerned about a young person's welfare

There will be occasions when staff may suspect that a young person may be at risk without unequivocal evidence. The young person's behaviour may have changed and other inconclusive signs may have been noticed. In these circumstances, staff will try to give the young person the opportunity to talk. The signs they have noticed may be due to a variety of factors, for example a parent has moved out, a pet has died, a grandparent is very ill or an accident has occurred. Staff are encouraged and supported to ask a young person if they are OK, if there is anything the child would like to talk to them about and if they can help in any way. Staff are trained to do this by asking appropriate open questions which do not lead the child in any particular direction but invite the child to talk about anything if they wish to.

Staff should use the same record of concern form, Form C (Green form) to record these early concerns. If the young person does begin to reveal that they are being harmed, staff should follow the advice below. Following an initial conversation with the young person, if the member of staff remains concerned, they should discuss their concerns with the DSL.

If a young person discloses to a member of staff or volunteer

It takes a lot of courage for a young person to disclose that they are being abused. They may feel ashamed, particularly if the abuse is sexual. Their abuser may have threatened what will happen if they tell. They may have lost all trust in adults. Or they may believe, or have been told, that the abuse is their own fault. Sometimes they may not be aware that what is happening is abusive.

If a young person talks to a member of staff about any risks to their safety or wellbeing, **the staff member will need to let the young person know that they must pass the information on** – staff are not allowed to keep unsafe secrets. The point at which they tell the young person is a matter for professional judgement. If they jump in immediately the young person may think that they do not want to listen but if left until the very end of the conversation, the young person may feel that they have been misled into revealing more than they would have otherwise.

During their conversations with young people, staff will:

- allow the young person to speak freely;



The Time Out Group

- remain calm and not overreact – the young person may stop talking if they feel they are upsetting their listener;
- give reassuring nods or words of comfort – **'I'm glad you told me'/'Thank you for telling me'; 'You're doing very well'; 'I believe you'; 'What happened to you is not your fault'/'This isn't your fault'; 'I'm going to do what I can to help you';**
- not be afraid of silences – staff must remember how hard this must be for the young person
- **under no circumstances** ask investigative questions – such as how many times this has happened, whether it happens to siblings too; (**however**, it is reasonable to ask questions to clarify understanding and to support a meaningful referral if that is required, e.g. 'when did this happen', 'where did this happen?')
- at an appropriate time tell the young person that in order to help them, the member of staff must pass the information on;
- not automatically offer any physical touch as comfort. It may be anything but comforting to a young person who has been abused;
- avoid admonishing the young person for not disclosing earlier. Saying things such as 'I do wish you had told me about this when it started' or 'I can't believe what I'm hearing' may be the staff member's way of being supportive but may be interpreted by the young person to mean that they have done something wrong;
- tell the young person what will happen next;
- report verbally to the DSL;
- write up their conversation as soon as possible on the **record of concern form** Form C (Green form) and hand it to the DSL; and
- seek support if they feel distressed or need to debrief.

Children / young people who are non – verbal will need support through signs and symbols. Staff should have these readily available to enable the service users to communicate if something is wrong. Staff should be sensitive towards service users changes in behaviour as this may also be a sign that something is wrong.

Notifying parents

The group will normally seek to discuss any concerns about a young person with their parents. This must be handled sensitively and the DSL (or group leader following discussion with the DSL) will make contact with the parent in the event of a concern, suspicion or disclosure.

Our focus is the safety and wellbeing of the young person. Therefore, if the DSL believes that notifying parents could increase the risk to the child or exacerbate the problem, advice will be sought first from Children's Social Care.



Making a referral to Children's Social Care

The DSL will make a referral to Children's Social Care (and if appropriate the Police) if it is believed that a young person is suffering or is likely to suffer significant harm.

The young person (subject to their age and understanding) and the parents will be told that a referral is being made, unless to do so would increase the risk to the child or create undue delay.

Submitting child protection referrals

All child protection referrals should be made to the Multi-Agency Safeguarding Hub (MASH) by completing a Multi-Agency Referral Form (MARF) and submitting it to the MASH at triagehub@warwickshire.gov.uk. The form can also be completed online.

All urgent child protection referrals, i.e. where there is an immediate concern about a child's safety, should be made in the first instance by telephoning the MASH on 01926 414144. This should be followed by submission of a MARF as above.

NB If a child is already the subject of an open case to Children's Social Care, the DSL will have the name and contact details of the allocated social worker. Further child protection concerns about any child in those circumstances must be referred directly to the allocated social worker, **not** to the MASH. Again, where there is an immediate concern about a child's safety, the DSL should contact the social worker by telephone in the first instance. Any difficulties in contacting the social worker must be escalated to their line manager, **not** to the MASH.

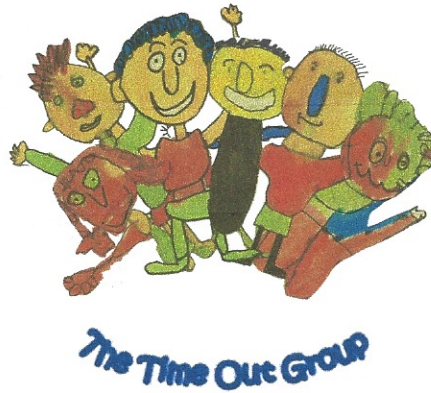
Outside of office hours, immediate concerns about a child should be referred to the Emergency Duty Team on telephone number 01926 886922.

If staff are ever concerned that a child is in immediate danger, they will contact the Police by dialling 999.

Staff may seek support directly from MASH 01926 414144.

This policy was approved by the Committee on 8 December 2024

Signed H. Bradley.....(Chair) on 13/12/2024..Date



Date policy to be reviewed – December 2025

Appendix

Reference Documents **Reference Documents**

Keeping Children Safe in Education (DfE 2024)

Working Together to Safeguard Children (DfE 2018)

Warwickshire Safeguarding inter-agency safeguarding procedures –
<https://www.safeguardingwarwickshire.co.uk/safeguarding-children/i-work-with-children-and-young-people/interagency-safeguarding-procedures>

Child Protection Record Keeping Guidance (WCC Education Safeguarding Service)

What to do if You're Worried a Child is being Abused 2015 – Advice for Practitioners (HMG 2015)